

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-037794

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8969

STATE FILE NUMBER

FILED SEP 19 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

St. Louis, Mo.

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before

a. STATE California COUNTY Contra Costa (Division)

c. CITY

OR TOWN

Pinole

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION

Enroute City Hospital

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

2428 Dredge Doidge

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First Charles

Middle

H.

Last

McAdams, Sr.

4. DATE OF DEATH

Month

Day

Year

Sept. 4, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☐ Divorced ☒

8. DATE OF BIRTH

11/19/1891

9. AGE (last birthday)

71

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Machinist

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Theodore McAdams

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give year or dates of service)

No.

Nil.

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Chas. H. McAdams, Jr. 2428 Dredge

Pinole, California.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary thrombosis resulting from Coronary Sclerosis; Aortic aneurysm with thrombus formation at site of internal rupture.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

4201

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Death occurred at

2:00 P.

m

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Paul J. Linn

(Degree or title)

Deputy Coroner

22b. ADDRESS

1300 Clark

22c. DATE SIGNED

9/5/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

9-6-63

23c. NAME OF CEMETERY OR CREMATORY

Sunset Cemetery

23d. LOCATION (City, town, or county)

Berkeley, California.

24. FUNERAL DIRECTOR

ADDRESS

Albert H. Hoppe Inc. Richmond, California

25. DATE RECD. BY LOCAL REG.

SEP 5

26. REGISTRAR'S SIGNATURE

Paul Smith. M.D.

(Licensed Embalmer's Statement on Reverse Side)

DO NOT WRITE ON THIS STUB

AMENDED

VS 300

Rev. 4/59

1

280408

3

4

0

5

3

6

7

0

8

1

9

10

11

1291-3

13

91

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

9-30-63

2428 Dredge

2428 Doidge

1-30-63

2428 Dredge

2428 Doidge

DOCUMENT

BY AFFIDAVIT OF Funeral Director

MEDICAL CERTIFICATION

FEB 11 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.